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CONFIRMATION NO. 6985

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/787,469	02/26/2004	606	3733	026,314-005
RULE				
APPLICANTS Bret A. Ferree, Cincinnati, OH;				
** CONTINUING DATA ***** This application is a CIP of 10/120,763 04/11/2002 PAT 6,969,404 which is a CIP of 09/807,820 04/19/2001 ABN and is a CIP of 09/638,241 08/14/2000 and is a CIP of 09/454,908 12/03/1999 PAT 6,491,724 and is a CIP of 09/639,300 08/14/2000 PAT 6,419,702 and is a CIP of 09/690,536 10/16/2000 PAT 6,371,990 which is a CIP of 09/638,726 08/14/2000 PAT 6,340,369 and is a CIP of 09/415,382 10/08/1999 PAT 6,419,704				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** /DC/ 2/22/08 05/16/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DAVID C COMSTOCK/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY OH	SHEETS DRAWINGS 10	TOTAL CLAIMS 14
INDEPENDENT CLAIMS 2				
ADDRESS O'Melveny & Myers LLP IP&T Calendar Department LA-1118 400 South Hope Street Los Angeles, CA 90071-2899 UNITED STATES				
TITLE Annulus fibrosis augmentation methods and apparatus				
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	